

CHANGE OF MAILING ADDRESS REQUEST FORM

Please check one:

☐

Real Property - Parcel #: _____

☐

Business or Manufactured Home - Account #: _____

Name of Ownership or Business: _____

Old Mailing Address: _____
(if applicable)

Old Location Address: _____
(if applicable)

New Mailing Address: _____
(if applicable)

New Location Address: _____
(if applicable)

Please sign and print your name below. If signing on behalf of a business, also provide your title.

Signature (required): _____ Date: _____

Print Name/Title: _____ Telephone #: _____

Note: _____

RETURN THIS FORM TO:

FOR QUESTIONS CALL: (702) 455-3882

**MICHELE W. SHAFE, COUNTY ASSESSOR
500 S GRAND CENTRAL PKY
PO BOX 551401
LAS VEGAS NV 89155-1401**